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PTO/SB/50 (4/98)

Approved for use through 09/30/2000. OMB 0651-0033

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**REISSUE PATENT APPLICATION TRANSMITTAL**

<b>Address to:</b>  Box Reissue Commissioner For Patents Washington, DC 20231	<i>Attorney Docket No.</i>	22728-06523
	<i>First Named Inventor</i>	David Green
	<i>Original Patent Number</i>	6,072,933
	<i>Original Patent Issue Date (Month/Day/Year)</i>	June 6, 2000
	<i>Express Mail Label No.</i>	EL566299796US

**APPLICATION FOR REISSUE OF:**  
*(check applicable box)*
 Utility Patent     Design Patent     Plant Patent
**APPLICATION ELEMENTS**

- \*Fee Transmittal Form ((PTO/SB/56)  
(original only))
- Specification and Claims (*amended, if appropriate*)
- Drawing(s) (*proposed amendments, if appropriate*)
- Reissue Oath/Declaration (unsigned)  
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
- Original U.S. Patent
- Original U.S. Patent for Surrender  
 Ribboned Original Patent Grant  
 Statement of Loss (PTO/SB/55)
- Original U.S. Patent currently assigned?

 Yes     No

*(If Yes, check applicable box(es))*

- Written Consent of all Assignees (PTO/SB/53)  
 37 C.F.R. § 3.73(b) Statement     Power of Attorney

**ACCOMPANYING APPLICATION PARTS**

- Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
- Information Disclosure Statement (IDS)/PTO-1449     Copies of IDS Citations
- English Translation of Reissue Oath/Declaration (*if applicable*)
- \*Small Entity     Statement filed in prior application, Statement(s)    Status still proper and desired (PTO/SB/09-12)
- Preliminary Amendment and Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
- Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- Other: \_\_\_\_\_

\*NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

**14. CORRESPONDENCE ADDRESS**
 Customer Number or Bar Code Label

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PATENT TRADEMARK OFFICE

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Name (Print/Type)	Rajiv P. Patel	Registration No. (Attorney/Agent)	39,327
Signature		Date	December 6, 2001

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**REISSUE APPLICATION FEE TRANSMITTAL FORM**

Docket Number (Optional)

22728-06523

**Claims as Filed - Part 1**

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity Rate	Fee	Other than a Small Entity Rate		
(A) 7	Total Claims (37 CFR 1.16(j))	(B) 138	**** 118 =	x \$ ____ =		or	x \$18.00 =	2124.00
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 10	* 7 =	x \$ ____ =			x \$84.00 =	588.00
<b>Basic Fee (37 CFR 1.16(h))</b>				\$ ____		<b>\$ 740.00</b>		
<b>Total Filing Fee</b>				\$ ____		<b>OR \$ 3452.00</b>		

**Claims as Amended - Part 2**

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 138	MINUS	** 20 = * = 118	x \$ ____			or	x \$18.00 = 2124.00
Independent Claims (37 CFR 1.16(i))	*** 10	MINUS	***** 3 = = 7	x \$ ____				x \$84.00 = 588.00
<b>Total Additional Fee</b>					\$ ____		OR	\$2712.00

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims

\*\*\*\* If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_. A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. \_\_\_\_\_.

A duplicate copy of this sheet is enclosed.

 A check in the amount of \$ PLEASE DEFER to cover the filing fee is enclosed.

Signature of Applicant, Attorney or Agent of Record

Rajiv P. Patel, Reg. No. 39,327

Typed or printed name

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.